Financial Loss Agreement
Policy and Procedure

PURPOSE

As a trusted non-profit, Greater Pittsburgh Community Food Bank is committed to acting as a responsible steward of its financial resources. To protect the integrity of the Food Bank’s sponsored child nutrition programs, a sponsored site or its governing entity will assume the cost of meals lost due to site non-compliance with program requirements. The purpose of this policy is to hold sites accountable for avoidable financial loss while ensuring continuous service of meals to children participating in Greater Pittsburgh Community Food Bank-sponsored programs (Child and Adult Care Food Program and Summer Food Service Program).

POLICY

Greater Pittsburgh Community Food Bank will assess charges to a sponsored site or its governing entity for losses caused by:

- Failure to submit required attendance and/or meal counts within the timeframe required by Greater Pittsburgh Community Food Bank to submit counts for reimbursement
- Three or more site staff no-shows or last-minute, non-emergency meal cancellations (note: site staffing problems are not considered emergencies)

PROCEDURE

Greater Pittsburgh Community Food Bank will provide a site and its governing entity with written notification within 30 days of an incident that will result in charges if not corrected. A reminder written notification will be issued no less than 7 days before the deadline for correction. If correction is not made, the Food Bank will send an invoice following the final deadline for correction. Sites will be charged only for the billable cost of non-refundable meals ordered. If a site is charged for a financial loss, the site has 30 days from the date of the invoice to make the full payment. Failure to make payment will result in suspension of the meal service until the owed amount is paid.

VERIFICATION

By signing this form, the Partner Site acknowledges that it understands and agrees to the Financial Loss Policy of Greater Pittsburgh Community Food Bank.

Program Site Name

Program Site Representative Name (Print)  Preferred Contact Information (Email or Phone)

Program Site Representative Signature                 Date

This institution is an equal opportunity provider and employer.